

PLEASE NOTE:

If you have previously obtained a New Jersey Nursing License, Please **DO NOT** fill out this application. Contact the New Jersey Board of Nursing at (973) 504-6430 for assistance.

Thank you



State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
NEW JERSEY BOARD OF NURSING
124 HALSEY STREET, 6TH FLOOR, P.O. BOX 45010
NEWARK, NEW JERSEY 07101
(973) 504-6508

Official Application for Professional Nurse Licensure by Endorsement

Directions: Answer each question on this page and on each of the following pages. Attach a passport-type photograph to the space indicated on this application. Sign the application and have it notarized. Enclose an endorsement application fee of \$75.00 and a license certificate fee of \$65.00 (total \$140.00) payable by **money order or certified check** to the **New Jersey Board of Nursing**. (The \$75.00 fee covers the application only and will not be refunded or held over. Only the license certificate fee of \$ 65.00 is refundable if you are determined to be ineligible for licensure.)

Please print or type.

- Name: Mr. / Ms. / Mrs. _____
(Circle one) First name Middle name Last name Maiden name, if applicable
- Address: _____
Street City State ZIP County
- Home telephone number: _____
(include area code)
- ***Social Security Number:** _____ - _____ - _____

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or license renewal.

*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey child support enforcement law, N.J.S.A. 54:50-25 of the New Jersey taxation law and Section 1128 E(b)(2)A of the Social Security Act, the Board or licensing agency to which this form is submitted is required to obtain your Social Security number and/or federal taxpayer identification number, and where neither is possessed, the reason for not having such number. The Board is further obligated to provide these identifying numbers to the Director of Taxation, the Probation Division or other agency responsible for child support enforcement and the HIP Data Bank when reporting adverse actions.

You are also being asked to consent, on a voluntary basis, to the use of your Social Security number for the additional reasons stated below.

You are notified that under the Federal Privacy Act (5 U.S.C. Section 552a (note (b))), the Board or licensing agency to which this form is submitted is requesting the voluntary disclosure of your Social Security number. If you give your consent for the use of your Social Security number, it may be used: to verify the identity of an applicant, to aid in the collection of financial obligations due and owing the Board or any other state agency, and to aid in the disclosure to state or federal law enforcement and licensing officials and agencies of information obtained in investigations pertaining to licensure and disciplinary proceedings.

I, _____, ☐ Consent ☐ Do Not Consent
Applicant's signature

to the use of my Social Security number for any of the additional purposes set forth above. I understand that my consent is voluntary and that if I do not consent, no adverse action or inference will be taken or drawn.

- Date of birth: _____ Place of birth: _____
Month Day Year City State
- School of Nursing and/or College: _____
Address: _____
Street City State ZIP County
Type of R.N. program: _____ Degree acquired: _____ Length of program: _____
Date of entrance: _____ Date of successful completion: _____
Month Year Month Year
- High School: _____
Address: _____
Street City State ZIP County
Years attended: _____ Diploma: _____ Date: _____
Month Year

Please continue on the next page

Official Use Only Fee date _____ Money Order _____ License No. R. _____
Date _____ Miscellaneous _____

8. Licenses—State of original licensure and all other states of licensure.

- A. By State Board exam State: _____ Date: _____ R.N. license no.: _____
- B. By endorsement State: _____ Date: _____ R.N. license no.: _____
- C. By endorsement State: _____ Date: _____ R.N. license no.: _____
- D. By any other state(s) _____

9. Have you ever been denied a license in New Jersey or any other state? ☐ YES ☐ NO

If “YES,” provide the following details:

License for which you applied: _____ Date: _____ State: _____

Under what name: _____
First name Middle name Last name Maiden name, if applicable

Reason for denial: _____

(Use additional paper if necessary.)

10. Have you ever applied for or taken the State Board examination in New Jersey? ☐ YES ☐ NO

If “YES,” provide the following details:

License for which you applied: _____ Date: _____ State: _____

Under what name: _____
First name Middle name Last name Maiden name, if applicable

The photograph, with a white background and your features clear-cut, must be a regular passport-type photograph. Your face must be at least one-inch long in the photo. Paste the photo here. Do not use tape. The photograph must have been taken within the past six months. Please sign your name on the front of the photograph, but do not write over the features of the photograph.

You must answer all of the following questions. If you answer “YES,” to any of these questions, you must attach relevant documentation (complaint, court order/decision, certification of any termination of probation, etc.). If your license has been reinstated, attach a copy of the reinstatement order.

11. Has any action ever been taken against your nursing license by any licensing board or state or federal agency? If “YES,” explain in an accompanying letter along with certified copies of the administrative complaint, final decision and order, and the reinstatement order, if any. You may obtain these documents from the Board of Nursing in the state where you were disciplined. ☐ YES ☐ NO

12. Is there any action pending against your nursing license by any state licensing board or state or federal agency? ☐ YES ☐ NO

13. Have you ever been permitted to surrender or otherwise relinquish your nursing license to avoid investigation or action by any state licensing board or state or federal agency? If “YES,” explain in an accompanying letter along with certified copies of the administrative complaint, final decision and order, and the reinstatement order, if any. You may obtain these documents from the Board of Nursing in the state where you were disciplined. ☐ YES ☐ NO

14. Have you ever been arrested, indicted or convicted for the violation of any law or regulation? (Minor traffic offenses such as parking or speeding violations need not be listed. However, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.)* If “YES,” explain in an accompanying letter along with a certified copy of the court record. ☐ YES ☐ NO

*Please submit certified copies of the indictment, judgment of conviction, sentencing order and any termination of probation order and proof that penalties/fines were paid in full. You may obtain these documents from the clerk in the county where the incident took place and which disposed of your case. Failure to identify any violation of law may result in a fine of up to \$1,000 and permanent disqualification from licensure/certification.

Each licensee has a continuing obligation to report to the New Jersey Board of Nursing any changes of information regarding the questions in this application, as is required by the self-reporting requirements of N.J.A.C. 13:37-5.9.

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

} ss.

County of: _____

I, _____, in making this application to the New Jersey Board of Nursing for certification or licensure under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey Board of Nursing, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:11-23 et seq., together with the Rules and Regulations of the New Jersey Board of Nursing, N.J.A.C. 13:37-1.1 et seq., and fully understand that in receiving certification or licensure from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here

Internet



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Child Support Questions

Please certify, under penalty of perjury, the following:

1. Do you currently have a child-support obligation?
a. If "Yes," are you in arrears in payment of said obligation?
b. If "Yes," does the arrearage match or exceed the total amount payable for the past six months?
 2. Have you failed to provide any court-ordered health insurance coverage during the past six months?
 3. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding?
 4. Are you the subject of a child-support-related arrest warrant?
- ☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions numbered 1a through 4 will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

Applicant's name (please print)

Applicant's signature

Date

*Social Security Number: _____ - _____ - _____

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or license renewal.

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I, _____ ,
Applicant's signature

☐ Consent ☐ Do Not Consent

to the use of my Social Security number for any of the additional purposes set forth above. I understand that my consent is voluntary and that if I do not consent, no adverse action or inference will be taken or drawn.



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License Verification Request

Directions: Complete only the top portion of this license verification form and forward it to the Board of Nursing in the state(s) in which you are or have been licensed. The board(s) should complete the form and return it to the New Jersey Board of Nursing. Note: Be advised that the board(s) completing the form may charge a fee for license verification. Please call the board(s) to check on fees for license verification prior to submitting this form.

☐ Registered Nurse

☐ Licensed Practical Nurse

Name: _____
First name Middle name Last name Maiden name, if applicable

Name on original license: _____ Telephone number: _____
(include area code)

Current address: _____
Street City State ZIP

School of nursing: _____ Location: _____

Year of graduation: _____ License number: _____ Year issued: _____

This section is to be completed by the State Board of Nursing.

1. License registration number: _____ Date: _____

2. Did the applicant graduate from a board accredited or approved school of nursing? ☐ YES ☐ NO

3. State Board examination scores: (If the exams were taken prior to 1949, please list the subjects and scores.)

	Score	Series		Score	Series
Medical nursing	_____	_____	Surgical nursing	_____	_____
Nursing of children	_____	_____	Obstetric nursing	_____	_____
Psychiatric nursing	_____	_____	N.C.L.E.X.	_____	_____

4. Was license issued by:

State Board test pool exams? ☐ YES ☐ NO Score _____ Series _____

N.C.L.E.X.? ☐ YES ☐ NO Score _____ Series _____

Waiver? ☐ YES ☐ NO Date _____

5. Has this license ever been revoked, suspended or voluntarily surrendered? ☐ YES ☐ NO
 If "YES," please provide a description of the charge(s) and any action(s) taken and provide a copy of any complaint, order and voluntary surrender document.

***Official
Seal***

I certify that the statements contained herein are true to the best of my belief,
 and I recommend this nurse for licensure in the State of New Jersey.

Secretary _____

State _____

Date _____

In the United States

Alabama	(334) 242-4060
Alaska	(907) 269-8161
Arizona	(602) 331-8111
Arkansas	(501) 686-2700
California RN	(916) 322-3350
California PN	(916) 263-7800
Colorado	(303) 894-2430
Connecticut	(860) 509-7624
Delaware	(302) 739-4522
Washington DC	(202) 442-4380
Florida	(904) 858-6940
Georgia RN	(912) 207-1640
Georgia PN	(912) 207-1640
Hawaii	(808) 586-3000
Idaho	(208) 334-3110
Illinois	(312) 814-2715
Indiana	(317) 232-2960
Iowa	(515) 281-3255
Kansas	(785) 296-4929
Kentucky	(502) 329-7000
Louisiana RN	(504) 838-5332
Louisiana PN	(504) 838-5791
Maine	(207) 287-1133
Maryland	(410) 585-1900
Massachusetts	(617) 727-9961
Michigan	(517) 373-9102
Minnesota	(612) 617-2270
Mississippi	(480) 987-4188
Missouri	(573) 751-0681
Montana	(406) 444-2071

Nebraska	(402) 471-4376
Nevada	(775) 688-2620
New Hampshire	(603) 271-2323
New Jersey	(973) 504-6430
New Mexico	(505) 841-8340
New York	(518) 474-3843
North Carolina	(919) 782-3211
North Dakota	(701) 328-9777
Ohio	(614) 466-3947
Oklahoma	(405) 962-1800
Oregon	(503) 731-4745
Pennsylvania	(717) 783-7142
Rhode Island	(401) 222-2827
South Carolina	(803) 896-4550
South Dakota	(605) 362-2760
Tennessee	(615) 532-5166
Texas RN	(512) 305-7400
Texas PN	(512) 305-8100
Utah	(801) 530-6628
Vermont	(802) 828-2396
Virginia	(804) 662-9909
Washington RN	(360) 236-4713
Washington PN	(360) 236-4713
West Virginia RN	(304) 558-3596
West Virginia PN	(360) 558-3572
Wyoming	(307) 777-7601

Outside Continental USA

American Samoa	(684) 633-1222-206
Guam 011	(671) 475-0251
N. Mariana Island	01-670-234-8950 through 8954
Puerto Rico	(787) 725-8161
Virgin Island	(340) 776-7397

If you are from a compact state you will need to download a NURSIS Verification Form (<https://www.nursis.com>)